

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91330 044 \*\*\*150.00

DOCUMENT # **P95000078338**

1. Entity Name

**FLORIDA TURF WRITERS/MEDIA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**POST OFFICE BOX 374  
 HALLANDALE FL 33008-0374**

**POST OFFICE BOX 374  
 HALLANDALE FL 33008-0374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6142418**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATKIN, STAN  
 11630 NW 11TH STREET  
 PEMBROKE PINES FL 33026-3837**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>PLATKIN, STAN</b>	
STREET ADDRESS	<b>11630 NW 11TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026-3837</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, BOB</b>	
STREET ADDRESS	<b>200 LESLIE DRIVE APT. 619</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAUCHER, BILL</b>	
STREET ADDRESS	<b>6667 SW 41ST COURT</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CIOCHETTI, JAN</b>	
STREET ADDRESS	<b>1364 WEST 62ND STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NICOLETTI, RON</b>	
STREET ADDRESS	<b>1075 SAN LUIS REY</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANCO, MICHELE</b>	
STREET ADDRESS	<b>9441 SW 52ND ST</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *X Stan Slater*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/01*  
 Date

*954-434-3737*  
 Daytime Phone #

CR2E034 (10/00)